

IBD Visit Checklist: Initial Visit

- Confirm Diagnosis:** ☐ Crohn's Disease ☐ Ulcerative colitis ☐ IBD-unspecified
- ☐ Document Disease Location
- ☐ Assess Disease Severity, Activity, and Risk of Progression

Labs

- ☐ CBC with differential
- ☐ CMP with direct bilirubin +/- GGT
- ☐ Erythrocyte Sedimentation Rate (ESR)
- ☐ C-Reactive Protein (CRP)
- ☐ QuantiFeron-TB Gold and/or PPD/CXR
- ☐ Hepatitis A/B +/- C Titers
- ☐ Varicella IgG
- ☐ MMR Titers
- ☐ Thiopurine: EBV IgG/TPMT/NUDT15
- ☐ Anti-TNF: HLA-DQA1*05

Behavioral Health

- ☐ Screen for Mental Health Co-morbidities
- ☐ Offer support & referral as needed
- ☐ Take history of smoking/vaping and recommend smoking cessation

Vaccine Preventable

- ☐ Obtain vaccine records assessing for: *Varicella, Zoster, MMR, TDaP/DTaP, HPV, Hepatitis A, Hepatitis B, Meningitis, Pneumonia (PCV13 and PPSV23), Seasonal Influenza, COVID*

Reproductive Health

- ☐ Ask family planning goals and consider these goals in the choice of therapy

Nutritional Assessment

Pediatrics:

- ☐ Measure Height
- ☐ Tanner Stage (>9y F; >10y M)
- ☐ Calculate Mid-Parental Height

All ages:

- ☐ Collect Weight & BMI
- ☐ Iron Panel
- ☐ Vitamin D 25-OH
- ☐ Consider B12/MMA/Homocysteine
- ☐ Consider Vitamin C, Zinc
- ☐ Screen using *Malnutrition Screening Tool** (below)

1

Have you recently lost weight without trying?

No	0
Unsure	2
Yes <i>If yes, how much weight have you lost?</i>	
2-13 lbs	1
14-23 lbs	2
24-33 lbs	3
34 lbs or more	4
Unsure	2

2

Have you been eating poorly because of decreased appetite?

No	0
Yes	1

- ☐ Add 1 and 2 above; if ≥ 2 refer for nutrition consult

IBD Visit Checklist: First Follow-up

This first follow-up is intended to be shortly after therapy decided or initiated.

- ☐ Assess Disease Activity
 - ☐ Determine targets for Tight Control & Treat-to-Target Strategies
- Check Baseline: ☐ CRP ☐ Fecal Calprotectin ☐ Other

Medication Literacy*

Ask the patient to describe the below for each of their medications. Educate as needed.

- ☐ Medication Name(s)
(Both Brand & Generic)
- ☐ Medication Dose
- ☐ Medication Frequency
- ☐ Treatment Indication, Goals, Expected Outcomes
- ☐ Most Common Side Effects
- ☐ Drug-drug interactions
- ☐ Logistics
- ☐ Cost & Cost-Sharing Programs

If medication literacy is poor, consider a referral to a clinical pharmacist for continued education.

Therapeutic Drug Monitoring

- ☐ Decide on TDM Strategy
- ☐ Discuss practical points of obtaining needed labs with patient

Vaccine Preventable

- ☐ Initiate catch-up for any vaccines:
 - ☐ Varicella
 - ☐ Zoster
 - ☐ MMR
 - ☐ Tdap/DTaP
 - ☐ HPV
 - ☐ Hepatitis A
 - ☐ Hepatitis B
 - ☐ Meningitis
 - ☐ Pneumonia (PCV13 & PPSV23)
 - ☐ Seasonal Influenza

Clinical Pearls for 1st Follow-up:

A common misunderstanding in early IBD is the *concept of taking a medication chronically* without interruptions and with close follow-up to verify continued disease control. This is a concept that bears repeating to newly diagnosed patients.

It is worth visiting the important role a patient plays in coordinating infusions and/or delivery of injectables as mishaps in coordination can hinder care and may not be fully appreciated by the early IBD patient. *Empowering the patient with understanding about the logistics can be vital.*

Resources on Aid: The Crohn's and Colitis Foundation (<https://www.crohnscolitisfoundation.org/>), Other patient-directed websites e.g. <https://rubinlab.uchicago.edu/patient-resources/>

IBD Visit Checklist: 3 Months

- ☐ Assess Disease Activity
- ☐ Tight control Monitoring: ☐ CRP ☐ Fecal Calprotectin ☐ Other
- ☐ Consider medication change or escalation of therapy as needed

Labs

Routine Labs:

- ☐ Complete Blood Count
- ☐ Comprehensive Metabolic Panel
- ☐ Erythrocyte Sedimentation Rate
- ☐ C-Reactive Protein
- ☐ Fecal calprotectin

Labs by medication:

- ☐ Urinalysis (yearly with 5-ASA)
- ☐ Lipid panel (at initiation & 4-8 weeks after initiation of tofacitinib)
- ☐ Labs needed for TDM strategy

Nutritional Assessment

- ☐ If any supplements given at initial visit; recheck levels and adjust supplementation as needed
- ☐ Recheck Weight, BMI, and, in Pediatrics, Height
- ☐ Review any recommendations from clinician nutrition and reinforce

Vaccine Preventable

Continue catch-up for any vaccines:

- ☐ Varicella (Live)
- ☐ Herpes Zoster
- ☐ MMR (Live)
- ☐ Tdap/DTaP
- ☐ HPV
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Meningitis
- ☐ Pneumonia (PCV13 and PPSV23)
- ☐ Seasonal Influenza

Discuss live vaccinations in close/household contacts of patients on biologics and small molecules safe with the exception of intranasal influenza.

Behavioral Health

- ☐ Screen for Mental Health Co-morbidities
- ☐ Offer support & referral as needed
- ☐ Follow-up smoking cessation progress
- ☐ Discuss Alcohol & Marijuana use and recommendations in IBD

IBD Visit Checklist: 6-12 Months

- ☐ Assess Disease Activity
- ☐ Order Endoscopy and/or Imaging as determined by Treat-to-Target strategy
- ☐ Discuss any needed medication changes based on the above

Labs

Routine Labs:

- ☐ Complete Blood Count
- ☐ Comprehensive Metabolic Panel
- ☐ Erythrocyte Sedimentation Rate
- ☐ C-Reactive Protein
- ☐ Fecal calprotectin

Labs by medication:

- ☐ Urinalysis (yearly with 5-ASA)
- ☐ Lipid panel (at initiation & 4-8 weeks after initiation of tofacitinib)
- ☐ Labs needed for TDM strategy

Cancer Prevention

Colon Cancer

- ☐ If UC beyond rectum or CD involving $\geq 1/3$ of the colon then start biannual surveillance 8 years after dx
- ☐ Yearly surveillance if PSC

Cervical Cancer

- ☐ If ≥ 21 years annual PAP smears if immunocompromised

Skin Cancer

- ☐ Annual visual exam with dermatology
- ☐ Sun exposure precautions

Behavioral Health

- ☐ Screen for Mental Health Co-morbidities
- ☐ Offer support & referral as needed
- ☐ Follow-up smoking cessation progress

Nutritional Assessment

- ☐ If any supplements given at initial visit; recheck levels and adjust supplementation as needed
- ☐ Recheck Weight, BMI, and, in Pediatrics, Height
- ☐ Review any recommendations from clinician nutrition and reinforce

Vaccine Preventable

Continue catch-up for any vaccines:

- ☐ Varicella (Live)
- ☐ Herpes Zoster
- ☐ MMR (Live)
- ☐ Tdap/DTaP
- ☐ HPV
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Meningitis
- ☐ Pneumonia (PCV13 and PPSV23)
- ☐ Seasonal Influenza

Reproductive Health

- ☐ Refer to *IBD Parenthood Project* or *We Care in IBD* to educate about fertility & pregnancy in IBD
- ☐ Discuss birth control and any recommendations based on IBD medications
- ☐ Discuss heritability of IBD

IBD Visit Checklist: Maintenance

Maintenance follow-ups recommended every 3 months with active disease & every 6 months in remission

- ☐ Assess disease activity; Reassess disease severity if needed
- ☐ Continue to follow tight control strategy; re-stage as needed

Labs

Routine Labs:

- ☐ Complete Blood Count
- ☐ Comprehensive Metabolic Panel
- ☐ Erythrocyte Sedimentation Rate
- ☐ C-Reactive Protein
- ☐ Fecal calprotectin

Labs by medication:

- ☐ Urinalysis (yearly with 5-ASA)
- ☐ Lipid panel (at initiation & 4-8 weeks after initiation of tofacitinib)
- ☐ Labs needed for TDM strategy

Nutritional Assessment

- ☐ Screen as needed; continue to assess weight and growth at each visit
- ☐ B12/MMA/Homocysteine if ileal disease or resection

Vaccine Preventable

- ☐ Seasonal Influenza
- ☐ Review vaccines as needed
- ☐ If any boosters given, recheck titers as needed

Cancer Prevention

Colon Cancer

- ☐ If UC beyond rectum or CD involving $\geq 1/3$ of the colon then start biannual surveillance 8 years after diagnosis
- ☐ Yearly surveillance if PSC

Cervical Cancer

- ☐ If ≥ 21 years, annual PAP smears if immunocompromised

Skin Cancer

- ☐ Annual visual exam with dermatology
- ☐ Sun exposure precautions

Behavioral Health

- ☐ Routinely ask about psychosocial changes/stressors, screen for depression/anxiety, and inquire about sleep hygiene
- ☐ Reassess smoking status; recommend smoking cessation

Reproductive Health

- ☐ Review safety of IBD medications in pregnancy & with birth control

Bone Health

- ☐ Serial Vitamin D 25-OH with supplementation as needed
- ☐ Calcium supplementation
- ☐ DEXA scan (If steroids >3 months; steroid use >1 year in last 2 years; inactive disease with one of the following: maternal history of osteoporosis, malnourished, amenorrheic; any postmenopausal woman)

Other

- ☐ Ophthalmology visit as needed
- ☐ Review Medication Literacy as needed
- ☐ Teens: Screen for transition readiness
- ☐ Address any other patient concerns about events that may impact IBD care (e.g. COVID, study abroad programs)

Screening for 360° IBD Care Referrals

*All below are Yes/No questions.
Score 1 for Yes and 0 for No.*

- 1** Is there any concern for functional overlap in symptomatology?
- 2** Is the patient experiencing frequent school/work absenteeism or disability?
- 3** Is the patient malnourished, losing weight, restricting food, or experiencing reduced appetite?
- 4** Does the patient exhibit concomitant psychological symptoms (e.g. mood changes, depression, anxiety)?
- 5** Does the patient/caregiver display decisional conflict about therapy with concerns for adherence?

SCORE:

All scores above 0 require further screening for referral for nutritionist, clinical pharmacist, psychologist, social work, and/or other members of multidisciplinary IBD team.

Supplementary Figure 7

Malnutrition Screening Tool (MST)

1

Have you recently lost weight without trying?

No	0
Unsure	2
Yes <i>If yes, how much weight have you lost?</i>	
2-13 lbs	1
14-23 lbs	2
24-33 lbs	3
34 lbs or more	4
Unsure	2

2

Have you been eating poorly because of decreased appetite?

No	0
Yes	1

Add weight loss & appetite scores

MST SCORE:

MST 0 or 1 = NOT AT RISK

MST 2 or more = AT RISK
Refer for Nutrition Consult.